[1]Australian Catholic University, Institute for Health and Ageing, Australia; [2]Edith Cowan University, Exercise Medicine Research Institute, Australia; [3]German Sport University Cologne, Institute for Cardiovascular Research and Sport Medicine, Germany; [4]University Hospital Cologne, Center for Integrated Oncology Cologne Bonn, Germany; [5]Hollywood Private Hospital, Hollywood Specialist Centre, Australia

Objective: Active Surveillance (AS) is a strategy for low risk localised prostate cancer where active treatment is delayed to reduce overtreatment and spare patients from treatment-related side effects. Clinical trials have demonstrated consistently the beneficial effects of exercise in prostate cancer survivors both during and after medical treatment. However, so far no study has looked at the effects of an exercise intervention alone in men undergoing AS.
Methods: We initiated a randomised controlled pilot study to determine the feasibility and effects of a combined aerobic and resistance training in prostate cancer patients on AS. In an exploratory analysis of 8 participants, we examined patients' physical and mental health outcomes after exercising three times per week for 3 months.
Results: Patients in the intervention group (n = 5) improved their body size/composition, physical fitness and psychological distress, in particular with regard to waist circumference, leg strength and depression. Patients in the control group (n = 3) increased their waist circumference and showed less or no improvements with regard to physical fitness and mental health outcomes.
Conclusions: Only recently the idea has emerged to initiate exercise interventions prior to medical treatment. Lifestyle interventions and our first observations suggest promising effects of exercise during AS. Interventions that decrease psychological distress and possibly inhibit tumour progression can play a key role in AS adherence and delay of active treatment. This preliminary data is limited; however a subsequent randomised controlled trial with a larger sample size is in preparation.

038

Physiotherapist-guided Pelvic floor muscle therapy: Referral behaviours of urologists for radical prostatectomy patients

LAURA ANDREWS[1], KERSTIN MCPHERSON[1], SIMONE O'SHEA[1] and IRMINA NAHON[2]

[1]Charles Sturt University, Australia; [2]University of Canberra, Australia

Objective: In Australia, prostate cancer is the second highest cause of cancer related deaths in males. The most effective treatment for localised is radical prostatectomy, however a common complication of this surgery is post prostatectomy urinary incontinence (PPI). Current literature indicates that pelvic floor muscle therapy (PFMT) is beneficial in reducing the impact of PPI, and additionally, direct referral from a specialist is integral in facilitating timely service access. However, no streamlined referral procedures exist for urologists wanting to refer to PFMT physiotherapy. This study aims to understand the existing referral behaviours among urologists, and make inferences about the underlying reasons behind these patterns of referral.
Methods: Cross sectional online research survey designed using survey monkey with purposive snowball sampling targeted at urologists. The survey was advertised through the 'Urological Society of Australia and New Zealand'. Additionally, individual clinics were invited via email.
Results: Data collection is currently underway and will be completed by June. While the data is incomplete, early responses suggest that a majority of respondents work as a sole practitioner, provide verbal referrals to physiotherapy, provide referrals prior to surgery, and believe that a PFMT physiotherapist working in their rooms would be beneficial.
Conclusions: No conclusions can be drawn from the data at this moment. However, an increased understanding of referrer behaviour may contribute to an increase in awareness amongst urologists of their role in referral, and contribute to the development of streamlined referral procedures.

042

A randomised controlled study to evaluate the utility and effectiveness of an animated pelvic floor muscle exercise (PFME) model for patients prior to undergoing radical prostatectomy in improving the ability to correctly perform pelvic floor muscle contraction

HELEN CROWE[1,2,3], ANNE HARBISON[1], ADDIE WOOTTEN[1,2], BRINDHA PILLAY[1,2], SHAN MORRISON[4], MELISSA MARTIN[4], IRMINA NAHON[5], DEAN MCKENZIE[1] and ANTHONY COSTELLO[1,2,3]

[1]Epworth HealthCare Richmond, Australia; [2]Australian Prostate Cancer Research, Australia; [3]Royal Melbourne Hospital, Australia; [4]Women's and Men's Health Physiotherapy, Australia; [5]University of Canberra, Australia

Objective: Performing pelvic floor muscle exercises (PFME) may improve patients' return to urinary continence following radical prostatectomy, however many men find these difficult. This study investigated the use of an animated pelvic floor model to see if it improved men's understanding of the pelvic floor, and their ability to correctly perform a pelvic floor contraction.
Methods: Ethics approval was obtained from Epworth HealthCare and Royal Melbourne Hospital HRECs. Sixty patients from 6 private urology practices, and one public outpatient department, diagnosed with prostate cancer, and scheduled for radical prostatectomy, were recruited. Patients were randomised to receive usual care (verbal and written instruction followed by continence physiotherapist instruction with a prostate cancer DVD), or usual care with the addition of viewing the animated pelvic floor model. Patients completed questionnaires (EPIC-26) to assess continence, a Study Diary to record viewing the study material and PFME performance, and a Satisfaction with PFME Information Received questionnaire. The EPIC-26 questionnaire was sent out for completion again at 1 and 3 months postoperatively. Patients underwent pelvic floor assessment by a blinded continence physiotherapist to assess their ability to correctly perform PFME, before undergoing usual training.
Results: Nine patients withdrew from the study leaving 51 evaluable patients. Groups did not differ for age, and EPIC-26 scores. There were no statistically significant differences between the groups ability to correctly perform PFME when assessed by digital rectal examination and transperineal ultrasound χ^2 (1) = 0.53, P = 0.58. Ninety-five percent of patients viewing the animated pelvic floor model found the information provided "Extremely easy" or "Quite easy" to understand. There were no significant differences in mean urinary incontinence scores at 3 months.
Conclusions: Despite the negative findings this animated pelvic floor model may